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Addressee Copy  
Label 11-B September 2002



Post Office To Addressee

UNITED STATES POSTAL SERVICE®

| ORIGIN (POSTAL USE ONLY)  |   |                                  |    |
|---|---|----------------------------------|----|
| PO ZIP Code   | Day of Delivery   | Flat Rate Envelope               |    |
|   | <input type="checkbox"/> Next <input type="checkbox"/> Second     | <input type="checkbox"/> Postage |    |
| Date In   |   |                                  |    |
| Mo. Day Year  | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM    | Return Receipt Fee               | \$ |
| Time In   | Military  |                                  |    |
| <input type="checkbox"/> AM <input type="checkbox"/> PM           | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day |                                  |    |
| Weight  | Int'l Alpha Country Code  | COD Fee                          | \$ |
| lbs. ozs.   | Acceptance Clerk Initials   | Insurance Fee                    | \$ |
| No Delivery   |   | Total Postage & Fees             | \$ |
| <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday |   |                                  |    |

FROM: (PLEASE PRINT) **David S. Smith** PHONE ( ) **303 954-9371**

**2440 Andrews Dr**

**Superior CO 80077**

FOR PICKUP OR TRACKING CALL 1-800-222-1811

**www.usps.com**

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| DELIVERY (POSTAL USE ONLY) |   |                    |  |
|----------------------------|---|--------------------|--|
| Delivery Attempt           | Time  | Employee Signature |  |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |  |
| Delivery Attempt           | Time  | Employee Signature |  |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |  |
| Delivery Date              | Time  | Employee Signature |  |
| Mo. Day                    | <input type="checkbox"/> AM <input type="checkbox"/> PM |                    |  |

**CUSTOMER USE ONLY**

**PAYMENT BY ACCOUNT** ☐ **WAIVER OF SIGNATURE (Domestic Only)**

Express Mail Corporate Acct. No. \_\_\_\_\_ Additional merchandise insurance is void if waiver of signature is requested.

Federal Agency Acct. No. or \_\_\_\_\_ of addressee or addressee's agent (if delivery is by registered mail) must be indicated on this form.

Postal Service Acct. No. \_\_\_\_\_ that does not require employee's signature as valid proof of delivery.

**NO DELIVERY** ☐ **Weekend** ☐ **Holiday** ☐ **Customer Signature** \_\_\_\_\_

TO: (PLEASE PRINT) **Mail Stop 313(c)** PHONE ( ) \_\_\_\_\_

**Commissioner for P + S**

**P.O. Box 1450**

**Alexandria, VA**

ZIP + 4 **22303-1450**

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